

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act(RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

RID987492238

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H T WOODS INC 1515 ELMNOOD AVE CRANSTON, RI 02910 GARY ROTONDI PRE PRESS MGR

INSTALLATION ADDRESS

1515 ELMWOOD AVE CRANSTON ,RI 02910

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EPA Form 8700-12B (4-80)

Please print or type with ELITE type (12 characters per inchi in the unshaded areas only

Please refer to the instructions. for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Regulated Waste Activity Department of Environmental Management

Date Received

(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)
A. First Notification B. Subsequent Notification (complete item C) C. Installation's EPA ID Number R. D. 9.8 7 4 9 2 2 3 8
II. Name of Installation (Include company and specific site name)
H.T. WOODS INC.
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street
1515 ELMW000 AVE
Street (continued)
City or Town State ZIP Code
CRANSTON RZOJ910-11
County Code County Name
OOTGREATER PROVIDENCE
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
SAME
State 7th Code
City or Town
to the first of paraging waste activities at site.
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (fast) (first) R 0 7 0 N 0 / G A R Y
Job Title Phone Number (area code and number)
PRE PRESS MGR. 401-783-2010
VI. Installation Contact Address (See Instructions)
A. Contact Address B. Street or P.C. Box
City or Town State ZIP Code
VII. Ownership (See Instructions)
A. Name of Installation's Legal Owner IECHT PROPERTIES - LOU VEWONCI.
22 6 4 7 1 15 10 10 10 10 10 10 10 10 10 10 10 10 10
Street, P.O. Box, or Route Number
763 NEST MIT NOST 1
City or Town State ZIP Code
DROVIDENCE RE02903-
B. Land Type C. Owner Type D. Change of Owner (Date Changed) Month Day Year
Phone Number (area code and number) 4 0 1 - 3 3 1 - 4 0 0 0 P Yes No
7 0 1 1 2 2 1 1 1 2 2 2

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VIII. Type of Regulated Waste Activity (M	flark 'X' in the appropriate boxes. Re	efer to instructions.)
A. Hazardous W	/aste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2.200 lbs.) b. Less than 1000kg/mo (2.200 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 b b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other – specify	Hazardous Waste Fuel a. Generator Marketing to Bur	a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Soiler
IX. Description of Regulated Wastes (Use	additional sheets if naccessary	
A. Characteristics of Nonlisted Hazardous Wastes your installation handles. (See 40 CF) 1. Ignitable 2 Corrosive 3. Reactive 4. (D001) (D003) Ch	R Parts 261.20 - 261.24) Toxicity aracteristic (D000) (List specific EPA h	g to the characteristics of nonlisted hazardous lazardous waste number(s) for the Toxicity aracteristic contaminant(s))
Bi Listed Hazardous Wastes (See 40 CFR 261		5 .6
C. Other Wastes. (State or other wastes requiring 1. Waste Cill (RCID) 2	ng an ED. number. See instructions.)	5 ·
and all attached documents, and that obtaining the information, I believe that there are significant penalties for imprisonment.	t based on my inquiry of those in the submitted information is true or submitting false information,	liar with the information submitted in this ndividuals immediately responsible for ue, accurate, and complete. I am aware including the possibility of fines and
Gari C Fortanch	Name and Official Title (type or print) PRE PRESS MGR.	Date Signed 6/11/92
Comments	en productive de la company de	k de kanadasan mengangkan pengangkan pengangkan pengangkan sa mengangkan pengangkan pengangkan pengangkan di K
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Rt DEM Divisi ote: Mail completed form to 291 Promenade	on of Air and Hazardous Materials a Street, Providence, RI 02908-576	
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